


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

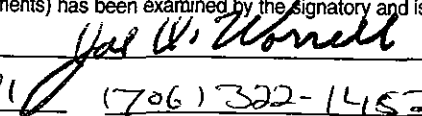
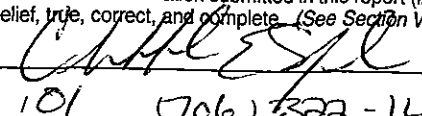
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use-Only 	1. FILE NUMBER 0 1 0-1 5 4	2. PERIOD COVERED MO DAY YEAR From 0 7 0 1 2 0 0 0 Through 0 6 3 0 2 0 0 1	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.		
4. AFFILIATION OR ORGANIZATION NAME United Brotherhood of Carpenters and Joiners of America #1723		8. MAILING ADDRESS (Type or print in capital letters.)	
5. DESIGNATION (Local, Lodge, etc.) AFL-CIO		First Name C L I F F O R D E .	
6. DESIGNATION NUMBER 1723		Last Name L L O Y D , S R .	
7. UNIT NAME (if any)		P.O. Box • Building and Room Number (if any)	
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No		Number and Street 6 E A S T N I N T H S T R E E T	
		City C O L U M B U S	
		State ZIP Code + 4 G A 3 1 9 0 1 -	

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number	
-------------	--

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:  9 28 101 (706) 322-1452 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED:  9 28 101 (706) 322-1452 Date Telephone Number	TREASURER (If other title, see instructions.)
---	--	---	--

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1 5 0

19. What is the date of your organization's next regular election of officers? MO 0 6 YEAR 2 0 0 2

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 9 0 0 0 0

21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 19.30 per Month (Month, Year, etc.)
(b) Initiation Fees	\$ 300
(c) Transfer Fees	\$ N/A
(d) Work Permits	\$ 19.30 per Month (Month, Year, etc.)

- | | | |
|--|------------------------------|--|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 1 0 — 1 5 4

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
ASSETS	25. Cash.....			7 7 1 1 1 5	8 8 1 5 7 5
	26. Accounts Receivable.....			0	0
	27. Loans Receivable.....	1		0	0
	28. U.S. Treasury Securities			0	0
	29. Investments	2		0	0
	30. Fixed Assets	5	8 0 5 3	1 2 9 6 6	
	31. Other Assets	3	0	0	
	32. TOTAL ASSETS		7 7 9 1 6 8	8 9 4 5 4 1	
LIABILITIES	33. Accounts Payable.....			0	0
	34. Loans Payable	8		0	0
	35. Mortgages Payable			0	0
	36. Other Liabilities	4	1 6 4 9	3 4 2 6	
	37. TOTAL LIABILITIES		1 6 4 9	3 4 2 6	
	38. NET ASSETS (Item 32 less Item 37)		7 7 7 5 1 9	8 9 1 1 1 5	

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 1 0 - 1 5 4

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues		2 0 3 5 7 7	56. To Officers	9	2 7 2 7 8
40. Per Capita Tax		0	57. To Employees	10	2 0 4 2 0
41. Fees		3 1 7 8	58. Per Capita Tax		1 5 6 5 3
42. Fines		7 4 7	59. Fees, Fines, Assessments, etc.		0
43. Assessments		0	60. Office & Administrative Expense	13	1 0 0 0 0
44. Work Permits		0	61. Educational & Publicity Expense ...		0
45. Sale of Supplies		0	62. Professional Fees		6 0 0 0
46. Interest		4 0 8 6 0	63. Benefits	11	2 1 2 0 7
47. Dividends		0	64. Contributions, Gifts & Grants	12	0
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	0	66. Direct Taxes		5 4 5 3
50. Loans Obtained	8	0	67. Withholding Taxes		1 4 2 8 9
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	8 2 9 4
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	0	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members ...		0
			73. Other Disbursements	15	1 0 7 9 3
55. TOTAL RECEIPTS		2 4 8 3 6 2	74. TOTAL DISBURSEMENTS		1 3 9 3 8 7

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 1 0 — 1 5 4

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> ↑ Item 27 Column (A) ↑ Item 69 ↑ Item 51 ↑ Item 75 with Explanation ↑ Item 27 Column (B) </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 0 1 0 - 1 5 4

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Withheld Payroll Taxes	3,426
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	3 4 2 6
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 1 0 - 1 5 4

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	30,099	17,133	12,966	
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			1 2 9 6 6	
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		0
Enter the Total from Line 8 in Item 49				

FILE NUMBER: 0 1 0 - 1 5 4

SCHEDULE 8 — LOANS PAYABLE

Form LM-2 (Revised 2000)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 1 0 — 1 5 4

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name: 1. W O R R E L L First Name: J O E Title: P R E S I D E N T Status: C		0	3 6 0	0	0	3 6 0
Last Name: 2. G R E E N First Name: J A M E S Title: V I C E P R E S I D E N T Status: C		0	0	0	0	0
Last Name: 3. L L O Y D First Name: C L I F F O R Title: T R E A S U R E R Status: C		3 1 9 5 3	1 3 3 5	0	0	3 3 2 8 8
Last Name: 4. L L O Y D First Name: C L I F F O R Title: F I N A N C I A L S E C . Status: C		0	0	0	0	0
Last Name: 5. S M I T H First Name: L A R R Y Title: R E C O R D I N G S E C . Status: C		0	4 8 0	0	0	4 8 0
Last Name: 6. First Name: Title: Status:						
Last Name: 7. First Name: Title: Status:						
8. Totals from additional pages (if any)		31,953	2,175	0	0	34,128
9. Totals of Lines 1 through 8						
				10. Less Deductions 6 8 5 0		
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements 2 7 2 7 8		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 1 0 — 1 5 4

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. Last Name: L L O Y D First Name: S H E L T O N Position: A P P R E N T I C E C O O R . Name of Affiliated Organization:	2 7 5 3 9				2 7 5 3 9
2. Last Name: First Name: Position: Name of Affiliated Organization:					
3. Last Name: First Name: Position: Name of Affiliated Organization:					
4. Last Name: First Name: Position: Name of Affiliated Organization:					
5. Last Name: First Name: Position: Name of Affiliated Organization:					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	320	0	0	0	320
8. Totals of Lines 1 through 7	27,859	0	0	0	27,859
9. Less Deductions			7 4 3 9		
Enter the Total from Line 10 in Item 57 ⇨			10. Net Disbursements 2 0 4 2 0		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 1 0 — 1 5 4

Description (A)	To Whom Paid (B)	Amount (C)
1. Annuity	Southeastern Carpenters, Millwrights and Contributing Employer Fringe Benefit Fund	9,406
2. Pension/Health & Welfare	Southern Benefits Admin.	11,801
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		2 1 2 0 7
Enter the Total from Line 6 Item 63		


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	0
Enter the Total from Line 8 in Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Office Expense	3,195
2. Rent	1,950
3. Telephone	4,073
4. Utilities	189
5. Bank Charges	40
6. Postage	438
Repairs and miscellaneous	115
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1 0 0 0 0
Enter the Total from Line 8 in Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	0
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Apprenticeship Training	1,299
2. Dues and subscriptions	60
3. Insurance	1,842
4. Seminars, Meetings and Travel	3,464
5. Advertising	2,745
6. Flowers and Gifts	106
7. Taxes - Property	90
8. Casual Labor	1,050
9. Meals and Entertainment	20
10. Supplies	67
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 0 7 9 3
Enter the Total from Line 17 in  Item 73	